

JUDGE HENRY S. KENDERDINE JR. COURT SELF-HELP CENTER

2004 - 2024
20
YEARS

HOW TO FILE FOR:
CUSTODY MODIFICATION



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**DISCLAIMER BY THE COURT OF COMMON PLEAS
OF LANCASTER COUNTY, PENNSYLVANIA**

Neither the staff in the Center nor the staff in any Court office will be able to give you legal advice or help you fill out/complete the forms. The information in the packets is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents.

**IF YOU WOULD LIKE INFORMATION ON HOW TO HIRE AN ATTORNEY, CALL
LANCASTER BAR ASSOCIATION'S LAWYER REFERRAL SERVICE AT (717) 393-0737.**

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INTRODUCTION: CUSTODY MODIFICATION

THIS PACKET CONTAINS FORMS AND INFORMATION TO HELP YOU REQUEST A CHANGE TO YOUR CURRENT CUSTODY ORDER WHEN THE OTHER PARENT / PARTY DOES NOT AGREE WITH YOU.

- IF YOU WANT TO START A CUSTODY CASE BECAUSE YOU DO NOT HAVE ONE, YOU WILL NEED TO FILE THE **CUSTODY (INITIAL FILINGS) PACKET**.
- IF YOU HAVE A CURRENT CUSTODY ORDER AND THE OTHER PARENT IS NOT FOLLOWING IT, YOU WILL NEED TO FILE THE **CUSTODY CONTEMPT PACKET**.
- IF YOU HAVE A CURRENT CUSTODY ORDER AND YOU WANT TO RELOCATE WITH YOUR CHILD(REN), YOU WILL NEED TO FILE THE **CUSTODY RELOCATION PACKET**.
- IF YOU CANNOT AFFORD TO PAY THE FILING FEES AND WOULD LIKE TO ASK THE COURT TO WAIVE THEM, YOU WILL NEED TO FILE THE **IN FORMA PAUPERIS PETITION PACKET**.

UNDER PENNSYLVANIA LAW, ONLY ATTORNEYS MAY GIVE ADVICE ABOUT YOUR SPECIFIC CASE.

IF YOU WOULD LIKE INFORMATION ON HOW TO HIRE AN ATTORNEY, CALL LANCASTER BAR ASSOCIATION'S LAWYER REFERRAL SERVICE AT (717) 393-0737.

When you file for something without an attorney, this is called *pro se* filing. If you choose to represent yourself *pro se*, Pennsylvania law requires that you follow the same rules as a fully trained attorney. This means that:

- You must follow all federal, state, and local laws and regulations
- You may not skip steps in the process or miss deadlines because you did not know about them
- You may not speak directly to the Judges or Conference Officers outside of court
- You may not send letters or emails to the Judges or Conference Officers outside of filed paperwork
- You will not be coached or guided by the Judges, Conference Officers, or any other court or court-adjacent staff on how to move your case forward, nor will you be advised on the best, fastest, or most correct way to fix any mistakes you may make.

THE CUSTODY MODIFICATION PROCESS

There are six steps to the custody modification process. This packet provides the forms you need and instructions on how to complete them.

- STEP 1:** **Read this entire packet**

- STEP 2:** Fill out the forms and make a copy for each party, including you (typically original + 2 copies)

- STEP 3:** File the forms in the Prothonotary's Office (Main Courthouse – 2nd Floor)

- STEP 4:** When you receive copies of your forms in the mail with your conference date, you must send one of the copies you receive to the other party / parent. If they are represented by an attorney, you **must** send the copies to their attorney.

- STEP 5:** Fill out and file the Certificate of Service (FORM CM-07) with the Prothonotary's Office (Main Courthouse – 2nd Floor)

- STEP 6:** Attend your conference or hearing and present your motion

HELPFUL INFORMATION FOR: CUSTODY MODIFICATION

Who may file for modification of a custody order?

Anyone named in the custody order may file to ask for a modification.

What happens after I file my custody modification petition?

The judge will schedule a conciliation conference with a custody conference officer so you can try to work out an agreement with the other parent / party, and to address any criminal history / risks of harm to establish whether any party or their household members are a danger to the child(ren).

Do I need to bring anything to the conference?

Yes, please make sure to bring a copy of the time-stamped Certificate of Service (FORM CM-07).

What happens at the conference?

The conference officer will give both parents / parties a chance to talk about the change(s) being requested, starting with the person who filed the modification petition. They will then try to help work out an agreement between the parents / parties.

If an agreement can be reached, you will receive a written summary of the agreement before you leave. A signed order from the judge will be mailed to you later.

If an agreement cannot be reached, the conference officer may recommend changes to the order to the judge, schedule another conciliation conference, or schedule the case for a hearing in front of the judge.

Who may come to the conference?

Only the following people are permitted to attend the conference:

1. Parties named in the modification petition;
2. Attorneys representing a party named in the modification petition; and
3. Children given special permission by court order. **Children may not be left unattended for any reason.**

CHECKLIST: CUSTODY MODIFICATION

This checklist will help you track your progress in this packet. The list is designed to be completed in numerical order.

- ___ 1. Read this entire packet.
- ___ 2. Complete the following forms:
 - Form CM-01 – Court Administration Office Scheduling Cover Sheet (CAOSCS)
 - Form CM-02 – Scheduling Order
 - Form CM-03 – Petition for Modification of a Custody Order
 - Form CM-04 – Criminal Record / Abuse History Verification
 - Form CM-05 – Entry of Appearance of Self-Represented Party
 - Form CM-06 – Confidential Information Form
- ___ 3. Make copies of your forms (typically you need one original + 2 copies, one for each party including you)
- ___ 4. Make a self-addressed stamped envelope for the Prothonotary to mail your copies.
- ___ 5. Get your filing fee ready: \$94.75 (cash, credit / debit card, certified check, money orders)
- ___ 6. File your forms and envelope with the Prothonotary's Office.
- ___ 7. Receive time-stamped copies of your forms and a signed Scheduling Order in the mail.
- ___ 8. Send one time-stamped copy of the forms you received along with the blank Criminal Record / Abuse History Verification (Form CM-04) to the other parent / party. If they have an attorney in the case, you **must** send it to the attorney.
If you send the copy:
 - A. **By personal service** (hand delivery): Complete and file Form CM-07 – Certificate of Service, with the Prothonotary's Office.
 - B. **By certified mail** (with options: return receipt requested, restricted delivery): Once you receive the signed Certified Mail Return Receipt in the mail, complete and file Form CM-07, Certificate of Service, with the Prothonotary's Office, including the tracking information, and attaching the original certified mail receipt and the signed return receipt card as Exhibit B.
- ___ 9. Attend your conference or hearing and present your petition.

FORMS: CUSTODY MODIFICATION

CM -	<u>NAME OF FORM</u>
01	COURT ADMINISTRATION OFFICE SCHEDULING COVER SHEET (CAOSCS)
02	SCHEDULING ORDER
03	PETITION FOR MODIFICATION OF A CUSTODY ORDER
04	CRIMINAL RECORD / ABUSE HISTORY VERIFICATION
05	ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
06	CONFIDENTIAL INFORMATION / DOCUMENT FORMS
07	CERTIFICATE OF SERVICE

NOTE: PLEASE SEE LOCAL RULE NO. 205.2(a) PHYSICAL CHARACTERISTICS OF LEGAL PAPERS

INSTRUCTIONS TO COMPLETE FORMS:

CUSTODY MODIFICATION

REMEMBER, ONLY USE INITIALS AND AGES TO IDENTIFY CHILDREN, NOT DATES OF BIRTH. Confidential information like names of children, dates of birth, drivers' license numbers, and other identifiers should be put on the **Confidential Information Form (FORM CM-06)**, pursuant to Case Records Public Access Policy of the Unified Judicial System of Pennsylvania, 204 Pa. Code § 213.81.

1. **FORM CM-01 – COURT ADMINISTRATION OFFICE SCHEDULING COVER SHEET (CAOSCS)**

- Fill out party information and docket number at the top
- Mark event type: FAMILY
- Print your name after 'Name of Person Submitting CAOSCS'
- Section A: Event Information: Mark CONFERENCE TYPE, and write CUSTODY MODIFICATION
- Section B: Scheduling Information: Mark REQUEST TO SCHEDULE EVENT
- Leave the rest of the form blank

2. **FORM CM-02 – SCHEDULING ORDER**

- Fill out party information and docket number at the top
- Write the other party's name in the blank, mark the type(s) of custody you're seeking, and list the initials and dates of birth of the child(ren)
- Leave the rest of the form blank; it's for the judge to fill out and sign

3. **FORM CM-03 – PETITION FOR MODIFICATION OF A CUSTODY ORDER**

- Fill out party information and docket number at the top
- Fill out the rest of the form, then sign and print your name on page 2
- Date, sign, and print your name on page 3
- Attach a copy of your current Custody Order after Exhibit A page
- Attach an Acknowledgement of Paternity Form (available upon request) for each child born out of wedlock (this is a confidential document and should be filed with FORM CM-06)

4. **FORM CM-04 – CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

- You only need to fill out one copy, the second blank copy is to be sent to the other party / parent when you send their time-stamped copies (See Checklist – Step 8)
- Fill out party information and docket number at the top
- Write your name in the blank, fill out the rest of the form where appropriate, then date, sign, and print your name on page 4

5. **FORM CM-05** – ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY

- Fill out party information and docket number at the top
- Write your name in the blank
- **If you ARE NOT withdrawing the appearance of an attorney**, you can skip the middle section and move to the end to fill in your contact information, then date, sign, and print your name
- **If you ARE withdrawing the appearance of an attorney**, you can check the first box and enter the attorney's name, then move to the end and fill in your contact information before you date, sign, and print your name

6. **FORM CM-06** – CONFIDENTIAL INFORMATION / DOCUMENT FORMS

- Fill out party information and docket number at the top
- Write the name of the pleading, Custody Modification Petition, and enter the filing date as the date
- Using one row per person, enter any confidential information (as described in FORM CM-06, Page 1); typically in a custody action these are names and birthdates of children.
- If you are an abuse victim or wish to keep your address and other information confidential, you may use the Abuse Victim Addendum (FORM CM-06, Pages 5 – 6) instead.
- If you are including an Acknowledgement of Paternity Form or any other confidential documents (for a list, see FORM CM-06, Page 7) these should be listed on the Confidential Document Form (FORM CM-06, Page 8), and attached as Exhibits.

7. **FORM CM-07** – CERTIFICATE OF SERVICE

- See Checklist – Step 8, for more information about service
- Fill out party information and docket number at the top
- Write your name in the first blank, then write the other parent / party's name and the date you served or mailed the documents
- Mark the appropriate delivery method and include additional information (address or tracking number)
- Date, sign, and print your name at the bottom of the first page and second pages
- **FOR CERTIFIED MAIL ONLY:**
 - At the time of purchase at the post office, you will receive a Certified Mail Receipt (See FORM CM-07, PAGE 3, EXHIBIT B for examples)
 - Once the mail has been delivered to and signed for by the other parent / party, you will receive a Certified Mail Return Receipt (See FORM CM-07, PAGE 3, EXHIBIT B for examples) in the mail
 - Attach both the Certified Mail Receipt and the Certified Mail Return Receipt in the appropriate places on Exhibit B.

**IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
COURT ADMINISTRATION OFFICE SCHEDULING COVER SHEET (CAOSCS)
IN ORDER TO BE PROCESSED ALL REQUESTED INFORMATION MUST BE COMPLETED**

PLEASE TYPE OR PRINT LEGIBLY
ORIGINAL CAPTION

PLAINTIFF CHANGE OF ADDRESS :
:
:
:
DOCKET NO.
:
:
DEFENDANT CHANGE OF ADDRESS :
:
:
:

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEYS/PRO SE

PLAINTIFF CHANGE OF ADDRESS **DEFENDANT** CHANGE OF ADDRESS

Check one
CIVIL FAMILY DOMESTIC RELATIONS (SEE INSTRUCTIONS ON BACK OF FORM)

Name of person submitting CAOSCS:

SECTION A: EVENT INFORMATION

Hearing type	Conference type	Length of time
--------------	-----------------	----------------

SECTION B: SCHEDULING INFORMATION (Select one option below)

REQUEST TO SCHEDULE AN EVENT: Family Business Court pick-up date if applicable:

Date: Time: Place: Judge/CCO/DM:

REQUEST FOR CHANGE OF A SCHEDULED EVENT:

Continuance Cancellation Opposing Counsel/Parties **IS IS NOT** in agreement

Presently scheduled for: Date: Time: Place: Judge/CCO/DM:

Continued to: Date: Time: Place: Judge/CCO/DM:

Reason:

Special instructions for rescheduling event:

REQUEST TO SCHEDULE A CONTINUATION AFTER START OF HEARING:

Date Started: Time: Place: Judge/CCO/DM:

Continuation scheduled for: Date: Time: Place: Judge/CCO/DM:

SECTION C: COURT USE ONLY

Approved by Judge _____ **Date:** _____

For Court Administration Use Only
 Report Entered/Deleted on CCSC
 CDAEVNT
 Scheduled in BANNER
 Letters Sent

(If a continuation, this must be indicated on CCSC) **Initials/Date** _____

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

Plaintiff
vs.

Defendant

No. CI –
CUSTODY

SCHEDULING ORDER

You, _____, have been sued in Court to **OBTAIN / MODIFY:**
(other party's name)

- | | |
|--|--|
| <input type="checkbox"/> primary physical custody | <input type="checkbox"/> primary legal custody |
| <input type="checkbox"/> shared physical custody | <input type="checkbox"/> shared legal custody |
| <input type="checkbox"/> sole physical custody | <input type="checkbox"/> sole legal custody |
| <input type="checkbox"/> supervised physical custody | |

of the following child(ren): _____.

YOU ARE ORDERED to appear in person at 50 North Duke Street, Lancaster County Courthouse, Lancaster, Pennsylvania, on the _____ day of _____, 20_____, at _____ o'clock _____ .m. for a conciliation conference to be held in Conference Room No. _____ before _____, Custody Conference Officer.

2. Pending the custody conference:

- No temporary Order is requested.
- The Court issues no temporary Order.
- The Custody Order _____ remains in effect
(date and reference number)

WITH / WITHOUT the following revisions:

_____.

The Court enters the following temporary Order:

2. If you fail to appear as provided by this order, an order for custody may be entered against you or the Court may issue a warrant for your arrest.

3. You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but no later than 30 days after service of the complaint or petition.

4. No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.Civ.P. 1915.17 regarding relocation.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**LANCASTER BAR ASSOCIATION
LAWYER REFERRAL SERVICE
TELEPHONE: 717 393-0737**

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Lancaster County is required by law to comply with the Americans with Disabilities Act of 1990. For information about the accessible facilities and reasonable accommodations available to disabled individuals having business before the Court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.

BY THE COURT:

J.

DATE: _____

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

_____	Plaintiff] No. CI –
vs.		
_____	Defendant	

PETITION FOR MODIFICATION OF A CUSTODY ORDER

Pursuant to 23 Pa.C.S. § 5338 and L. C. R. C. P. No. 1931, _____,
(your name)

pro se, respectfully petitions this Court for modification of a Custody Order. In support,

petitioner respectfully submits the following:

1. Petitioner is _____, and is listed as the **PLAINTIFF** /
(your name)

DEFENDANT in the caption of this Custody matter.

2. Petitioner’s address is _____,
(your address)

and telephone number is _____.
(your phone number)

3. Respondent is _____, and is listed as the **PLAINTIFF** /
(other party’s name)

DEFENDANT in the caption of this Custody matter.

4. Respondent’s address is _____,
(other party’s address)

and telephone number is _____.
(other party’s phone number)

8. Petitioner respectfully represents that on _____, an Order of
(date of order)

Court was entered for:

- | | |
|--|--|
| <input type="checkbox"/> primary physical custody | <input type="checkbox"/> primary legal custody |
| <input type="checkbox"/> shared physical custody | <input type="checkbox"/> shared legal custody |
| <input type="checkbox"/> sole physical custody | <input type="checkbox"/> sole legal custody |
| <input type="checkbox"/> supervised physical custody | |

9. A true and correct copy of the Order is attached as Exhibit A.

10. This Order should be modified because:

(remember, only use initials and ages to identify children, not dates of birth)

11. Petitioner has attached the Criminal Record / Abuse History Verification Form
(Form CM-04) required pursuant to Pa.R.Civ.P. 1915.3-2.

WHEREFORE, Petitioner respectfully requests that the Court modify the existing
order because it will be in the best interest of the child(ren).

Respectfully Submitted,

(signature)

(print name)

VERIFICATION

I verify that the foregoing information is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that requires filing confidential information and documents differently than non-confidential information and documents.

(date)

(signature)

(print name)

EXHIBIT A

COPY OF CURRENT CUSTODY ORDER

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA CIVIL
ACTION – LAW

<div style="text-align: right; margin-right: 20px;">Plaintiff</div>	}	No. CI -
vs.		
<div style="text-align: right; margin-right: 20px;">Defendant</div>		

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT

(Court may use the first two pages of the parties' criminal record / abuse history verification or may complete a new form)

1. Participants.

(A) Please list ALL members in your / the participant's household. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
1.				
2.				
3.				
4.				
5.				
6.				

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701- 6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

(B) Please list ALL members in the opposing party's household. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
1.				
2.				

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
3.				
4.				
5.				
6.				

- Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701- 6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN)

(C) Please list ALL children involved in this custody case. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH
1.		
2.		
3.		
4.		
5.		
6.		

2. Criminal Offenses.

As to the following listed Pennsylvania crimes or offenses, or another jurisdiction’s substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, e.g., Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2701 (relating to simple assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903 (c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

3. Abuse or Agency Involvement.

Check the box next to any statement that applies to you, a household member, or your child.

<u>Check all that apply</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Child</u>
<input type="checkbox"/> Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A determination or finding of abuse (i.e., indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania’s Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?: _____ Is the case active? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you checked a box in questions (2) or (3), list any evaluation, counseling, or other treatment received as a result:

5. If you checked a box in questions (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child(ren):

	NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD(REN)
1.			
2.			
3.			

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

VERIFICATION

I verify that the information above is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that requires filing confidential information and documents differently than non-confidential information and documents.

Signature

Date

Printed Name

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA CIVIL
ACTION – LAW

<div style="text-align: right; margin-bottom: 5px;">Plaintiff</div> <div style="text-align: center; margin-top: 10px;">vs.</div> <div style="text-align: left; margin-top: 5px;">Defendant</div>	}	No. Cl -
--	---	----------

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT

(Court may use the first two pages of the parties' criminal record / abuse history verification or may complete a new form)

6. Participants.

(D) Please list ALL members in your / the participant's household. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
7.				
8.				
9.				
10.				
11.				
12.				

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701- 6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

(E) Please list ALL members in the opposing party's household. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
7.				
8.				

	NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD(REN)
9.				
10				
11				
12				

- Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701- 6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN)

(F) Please list ALL children involved in this custody case. Attach additional sheets if necessary.

	NAME	DATE OF BIRTH
7.		
8.		
9.		
10		
11		
12		

7. Criminal Offenses.

As to the following listed Pennsylvania crimes or offenses, or another jurisdiction’s substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, e.g., Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2701 (relating to simple assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903 (c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

8. Abuse or Agency Involvement.

Check the box next to any statement that applies to you, a household member, or your child.

<u>Check all that apply</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Child</u>
<input type="checkbox"/> Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A determination or finding of abuse (i.e., indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania’s Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?: _____ Is the case active? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you checked a box in questions (2) or (3), list any evaluation, counseling, or other treatment received as a result:

10. If you checked a box in questions (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child(ren):

	NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD(REN)
4.			
5.			
6.			

7. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

VERIFICATION

I verify that the information above is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that requires filing confidential information and documents differently than non-confidential information and documents.

Signature

Date

Printed Name

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

Plaintiff
vs.

Defendant

No. CI –
CUSTODY

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO PA.R.CIV.P. 1930.8

I _____, **PLAINTIFF / DEFENDANT**, represent myself
(your name)
in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (IF APPLICABLE)

- Remove _____, Esq., as my attorney of record.
 Withdraw my appearance for the filing party.

_____, Esq. _____
(print name) (attorney #)

(signature) (date)

I understand that I am under a continuing obligation to provide current contact information to the Court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Pa.R.Civ.P. 1930.8:

(print name)

(signature) (telephone number)

(street address) (fax)

(city, state, zip code) (date)

**THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING
A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED
FROM THE CASE.**

**CONFIDENTIAL
INFORMATION
FORM**



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. “Financial Account Numbers” include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors’ names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). “Minor” is a person under the age of eighteen.
6. Abuse victim’s address and other contact information, including employer’s name, address and work schedule, in family court actions as defined by Pa.R.Civ.P. 1931(a), except for victim's name. “Abuse Victim” is a person for whom a protection order has been granted by a court pursuant to Pa.R.Civ.P. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.Civ.P. 1951 et seq. and 42 Pa.C.S § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.Civ.P. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV 1 Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV 1 Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Additional page (if necessary)

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage		Child Custody
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address: _____	Alternative Reference: AV __ Address
(full name of abuse victim)	AV Employer's Name & Address: _____	Alternative Reference: AV __ Employer's Name & Address
_____	AV Work Schedule: _____	Alternative Reference: AV __ Work Schedule
Docket/Case No. of Protection Order	AV Other contact information: _____	Alternative Reference: AV __ Other contact information

Court/County		

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage		Child Custody
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address: _____	Alternative Reference: AV __ Address
(full name of abuse victim)	AV Employer's Name & Address: _____	Alternative Reference: AV __ Employer's Name & Address
_____	AV Work Schedule: _____	Alternative Reference: AV __ Work Schedule
Docket/Case No. of Protection Order	AV Other contact information: _____	Alternative Reference: AV __ Other contact information

Court/County		



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the “Confidential Document Form”:

1. Financial Source Documents as listed on the form
2. Minors’ educational records
3. Medical/Psychological records are defined as “records relating to the past, present, or future physical or mental health or condition of an individual”
4. Children and Youth Services’ records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33
6. Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions for failure to comply.

**CONFIDENTIAL
DOCUMENT FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)	Docket/Case No.
Vs.	
(Party name as displayed in case caption)	Court

This form is associated with the pleading titled _____, dated _____, _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

Please only attach documents necessary for the purposes of this case. Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
Financial Source Documents	
Tax Returns and schedules	
W-2 forms and schedules including 1099 forms or similar documents	
Wage stubs, earning statements, or other similar documents	
Credit card statements	
Financial institution statements (e.g., investment/bank statements)	
Check registers	
Checks or equivalent	
Loan application documents	
Minors' educational records	
Medical/Psychological records	
Children and Youth Services' records	
Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33	
Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)	
Agreements between the parties as used in 23 Pa.C.S. § 3105	

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party	Date
Name: _____	Attorney Number: (if applicable) _____
Address: _____	Telephone: _____
_____	Email: _____

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

Plaintiff
vs.

Defendant

No. CI –
CUSTODY

CERTIFICATE OF SERVICE

I _____, **PLAINTIFF / DEFENDANT** in the above action, do
(your name)
hereby depose and say that a copy of the **Court Administration Office Scheduling Cover Sheet (CAOSCS), Scheduling Order, Petition for Modification of a Custody Order and Exhibit(s), Criminal Record / Abuse History Verification, and Entry of Appearance of Self-Represented Party** was delivered to _____
(other party's name)
on _____.
(date)

_____ Regular Mail: _____
(address)

_____ Personal Service: _____
(address)

_____ Certified Mail (return receipt requested, restricted delivery)

Original receipt and return receipt attached as Exhibit B? **YES** **NO**

Tracking Number:

--	--	--	--	--

Date: _____
(signature)

(print name)

VERIFICATION

I verify that the foregoing information is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that requires filing confidential information and documents differently than non-confidential information and documents.

(date)

(signature)

(print name)

EXHIBIT B

CERTIFIED MAIL RECEIPT

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, and fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State ZIP+4® _____

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL RETURN RECEIPT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>_____</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p>_____</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	